COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Method for preparing a lithium and vanadium oxide of the $LI_{(1+\alpha)}V_3O_{8 \text{ type}}$ "

| the specification of v | which (check only one item below): |
|------------------------|---|
| | is attached hereto. |
| | was filed as United States Patent application Number and was amended on (if applicable). |
| \square | was filed as PCT International application Number PCT/FR2005/000357 on 16/02/2005 and was amended on (if applicable). |

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

| PRIOR FORFIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS LINDER 35 LLS C. 88119(a)-(d). 172 or 365(a)- | | | | |
|--|--------------------|--------------------------------|--|--|
| COUNTRY (if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (MM/DD/YYYY) | PRIORITY UNDER 3 §§119, 172 Yes | |
| FR | 0401799 | 23/02/2004 | | |
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Combined Declaration and Power of Attorney
For Utility or Design Patent Application
Attorney Docket No. 032013-<u>«BDSM_Ref»</u>
B0593US
Page 2 of 2

I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Buchanan Ingersoll PC (including attorneys from Burns, Doane, Swecker & Mathis) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | Tourous and a second |
|-------------------------------------|--------------------------|
| FULL NAME OF SOLE OR FIRST INVENTOR | GUYOMARD Dominique |
| Signature | |
| Date | |
| Residence (City, State, Country) | Sautron, France |
| Citizenship | FR |
| Mailing Address | 3, rue de la Motte |
| City, State, ZIP, Country | F-44880 Sautron, France |
| FULL NAME SECOND INVENTOR, IF ANY | DUBARRY Matthieu |
| Signature | |
| Date | |
| Residence (City, State, Country) | Nantes, France |
| Citizenship | FR |
| Mailing Address | 46, Quai de Magellan |
| City, State, ZIP, Country | F-44000 Nantes, France |
| FULL NAME OF THIRD INVENTOR, IF ANY | DESCHAMPS Marc |
| Signature | |
| Date | |
| Residence (City, State, Country) | Quimper, France |
| Citizenship | FR |
| Mailing Address | 14, allée Louis Feunteun |
| City, State, ZIP, Country | F-29000 Quimper, France |

| FULL NAME OF FOURTH INVENTOR, IF ANY | GAUBICHER Joël |
|---------------------------------------|---------------------------------------|
| Signature | 6/10/06 |
| | 6/10/06 |
| Date | |
| Residence (City, State, Country) | Nantes, France |
| Citizenship | FR |
| Mailing Address | 56, rue du Maine |
| City, State, ZIP, Country | F-44100 Nantes, France |
| FULL NAME OF FIFTH INVENTOR, IF ANY | |
| Signature | |
| Date | |
| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City, State, ZIP, Country | |
| FULL NAME OF SIXTH INVENTOR, IF ANY | |
| Signature | · · · · · · · · · · · · · · · · · · · |
| Date | |
| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City, State, ZIP, Country | |
| FULL NAME OF SEVENTH INVENTOR, IF ANY | |
| Signature | |
| Date | |
| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City, State, ZIP, Country | |
| City, Ctate, Zii , Country | <u> </u> |

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Page 4 of 4

| FULL NAME OF EIGHTH INVENTOR, IF ANY | |
|--------------------------------------|--|
| | |
| Signature | |
| Date | |
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| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City, State, ZIP, Country | and the second s |
| FULL NAME OF NINTH INVENTOR, IF ANY | |
| | 1 |
| Signature | |
| Date | |
| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City, State, ZIP, Country | |
| FULL NAME OF TENTH INVENTOR, IF ANY | |
| Circolius | |
| Signature | : |
| Date _ | |
| Residence (City, State, Country) | |
| Citizenship | |
| Mailing Address | |
| City State ZIP Country | |

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

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| PRIOR FOREIGN/PCT APPLICATION(S) | AND ANY PRIORITY CLAIMS L | JNDER 35 U.S.C. §§1 | 19(a)-(d), 172 | or 365(a): |
|-------------------------------------|---------------------------|--------------------------------|-----------------------------------|----------------------|
| COUNTRY (if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (MM/DD/YYYY) | PRIORITY UNDER : §§119, 172 | CLAIMED 35 U.S.C. |
| FR | 0401799 | 22/02/2004 | Yes | No |
| | 0401799 | 23/02/2004 | | |
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Attorney Docket No. 032013-<u>«BDSM_Ref»</u>
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Page 2 of 4

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| FULL NAME OF SOLE OR FIRST INVENTOR | GUYOMARD Dominique |
|-------------------------------------|--------------------------|
| Signature | |
| | |
| Date | |
| Residence (City, State, Country) | Sautron, France |
| Citizenship | FR |
| Mailing Address | 3, rue de la Motte |
| City, State, ZIP, Country | F-44880 Sautron, France |
| FULL NAME SECOND INVENTOR, IF ANY | DUBARRY Matthieu |
| Signature | 25/57/2006 |
| Date | 25/67-12006 |
| Residence (City, State, Country) | Limoges, France |
| Citizenship | FR |
| Mailing Address | 18, rue de Fontaubert |
| City, State, ZIP, Country | F-87000 Limoges, France |
| FULL NAME OF THIRD INVENTOR, IF ANY | DESCHAMPS Marc |
| Signature | |
| Date | |
| Residence (City, State, Country) | Quimper, France |
| Citizenship | FR |
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| City, State, ZIP, Country | F-29000 Quimper, France |

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|--------------------------------------|------------------------|
| Signature | |
| Date | |
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| Citizenship | France |
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| COUNTRY (if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (MM/DD/YYYY) | UNDER : §§119, 172 | |
|-------------------------------------|--------------------|--------------------------------|-----------------------|----------|
| FR | 0404700 | 00/00/0004 | Yes | No |
| FR | 0401799 | 23/02/2004 | | <u> </u> |
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Customer Number 21839

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| FULL NAME OF SOLE OR FIRST INVENTOR | GUYOMARD Dominique |
|-------------------------------------|--------------------------|
| Signature | Suyomail |
| Date | July, 12, 2006 |
| Residence (City, State, Country) | Sautron, France |
| Citizenship | FR |
| Mailing Address | 3, rue de la Motte |
| City, State, ZIP, Country | F-44880 Sautron, France |
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| Signature | |
| Date | |
| Residence (City, State, Country) | Nantes, France |
| Citizenship | FR |
| Mailing Address | 46, Quai de Magellan |
| City, State, ZIP, Country | F-44000 Nantes, France |
| FULL NAME OF THIRD INVENTOR, IF ANY | DESCHAMPS Marc |
| Signature | |
| Date | July, 21, 2001 |
| Residence (City, State, Country) | Quimper, France |
| Citizenship | FR |
| Mailing Address | 14, allée Louis Feunteun |
| City, State, ZIP, Country | F-29000 Quimper, France |

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